

Graham reports three cases which occurred in his practice, one of which illustrates well the great relief to the symptoms produced by hepatic displacement by the use of a properly applied abdominal support. In this case relative hepatic dulness did not begin till the seventh rib in the mammillary line was reached, and the lower border of the liver was distinctly palpable two inches below the umbilicus. The patient complained of a weight in the abdomen, dyspnoea, and was very cyanotic. These symptoms were relieved by an abdominal bandage, always returning whenever it was removed.

Winkler is quoted as giving the following causes for hepatic displacement, one acting in succession to the other: (1) Pregnancy of full term; (2) pendulous abdomen; (3) *hepar pendens*; (4) stretching of the ligaments; (5) tearing and twisting of the suspensory ligaments. Rapid emaciation and disappearance of the abdominal fat are considered by Landau as causes of displacement. Other etiological factors which have been mentioned are coughing, sneezing, vomiting, and tight-lacing, the latter, however, tending more to produce a change in form rather than a change in position of the organ. Repeated pregnancies in women, producing pendulous abdomens, seem to be an important etiological factor. Of the cases recorded a synopsis shows that males and females are affected in the proportion of one to four. Displacement comes on later in life in females than in males.

The symptoms usually complained of by patients are a feeling of weight in the abdomen and a dull pain on exertion. A few instances have been recorded with a sudden onset of symptoms, which were those practically of shock. Other symptoms which have been noted are dyspnoea, cyanosis, nausea, vomiting, and, in some cases, jaundice. An examination of the abdomen should show the presence of a tumor, which can be easily felt and which resembles the liver in size, shape, and consistence. There should be tympanitic resonance over the area where hepatic dulness normally exists.

The conditions for which a floating liver is most likely to be mistaken are typhlitis, ovarian cyst, movable right kidney, and hydronephrosis. The former condition should be distinguished by the following points: (1) The tumor having an upper smooth surface and a sharply defined anterior border and notch; (2) tympanitic resonance over the normal area of liver-dulness; (3) possibility of partial or complete replacement, when dulness will be found in the normal area.

Greatest relief to the symptoms seems to have been obtained by the use of a properly applied abdominal support. Cases of operation with recovery are reported.

BACTERIA IN THE HEALTHY NOSE.

THOMSON and HEWLETT in a recent paper demonstrate the fallacy of the generally accepted idea that the healthy nasal cavity is rich in micro-organisms.

The authors made no attempt to differentiate the varieties of organisms found, but simply considered their number.

In making their research they differentiate between the vestibule, which is lined by skin and contains hairs and sudoriparous and sebaceous follicles, and the nasal cavity proper, which is lined by mucous membrane.

In the vestibule micro-organisms were never absent, and generally abundant.

From the Schneiderian membrane eighty per cent. of the cultures were sterile, showing that the presence of micro-organisms in the nasal cavity is the exception.

Considering that at a conservative estimate 500 litres of air bearing 1500 organisms are inspired every hour, the authors find it difficult to explain this sterility of the nasal cavity; they are of opinion that many organisms are arrested by the vibrissæ in the vestibule and a few removed by phagocytosis.

The protective power of the ciliated epithelium and the microbial action of the nasal mucus were also suggested as possible explanations.—*Lancet*, June 1, 1895.

MIXED LUNG-INFECTION OF ASPERGILLUS AND TUBERCLE BACILLUS.

RÉNON and SARGENT report the results of the autopsy on a case of mixed infection of the aspergillus fumigatus and the tubercle bacillus occurring in a pigeon-feeder.

The patient died of progressive asphyxia, and was not cachectic. The lungs showed much thickened pleuræ and a great deal of fibrous change. Scattered throughout the lung-substance were numerous small nodules which looked like tubercles, but which, microscopically, were found to be made up of masses of cubical cells containing neither lymphoid nor giant cells and surrounded by sclerotic tissue.

Besides these areas there were others of a caseous nature containing a few giant cells.

Neither the aspergillus nor the tubercle bacillus was found in stained sections.

The writers had followed the case from its onset, and conclude from observing this case and reviewing the literature that in similar cases of mixed infection the aspergillus first attacks the lung and paves the way for the tubercle bacillus; when the latter has gained a foothold the aspergillus disappears, leaving a very chronic form of tuberculosis, with a strong tendency to the formation of fibrous tissue and the disappearance of the bacilli.—*Compt. Rendus de la Société de Biologie*, May 3, 1895.

GRAVE ICTERUS DUE TO PROTEUS INFECTION.

BAR and RÉNON report a case of fatal icterus in a newborn baby whose mother was manifestly syphilitic.

The child was born apparently healthy, but fever appeared on the second day after birth, followed the next day by icterus, which rapidly increased in intensity, the child dying on the fifth day.

At the autopsy a large liver, containing numerous gummata in an early state, was found.

Cultures from the liver, spleen, and heart's blood gave a single organism corresponding in every way to the proteus vulgaris. Sections of the liver showed the intracellular spaces to be crowded with the same organism.

The authors consider the icterus, judging by the course of the disease, to